



PATENT  
ATTORNEY DOCKET NO. 00786/405003

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Sarah Wilcox

Printed name of person mailing correspondence

Signature of person mailing correspondence

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: Denise L. Faustman Confirmation No.: 3056  
Serial No.: 10/698,734 Art Unit: 1644  
Filed: October 31, 2003 Examiner: Belyavskiy, Michail A.  
Customer No.: 21559  
Title: METHODS OF ORGAN REGENERATION USING HOX11-  
EXPRESSING PLURIPOTENT CELLS (As Amended)

Mail Stop Amendment  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

TRANSMITTAL OF SUPPLEMENTAL APPLICATION DATA SHEET

Enclosed is a Supplemental Application Data Sheet in connection with the above-referenced application. No new matter has been added by the corrections.

If there are any charges or any credits, please apply them to Deposit Account No. 03-2095.

Respectfully submitted,

TOO ARMSTRONG, Ph.D.  
Reg. No. 54,590

Date: September 12, 2007

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## **Supplemental Application Data Sheet**

### **Application Information**

Application number: 10/698,734

Filing Date: 10/31/03

Application Type: Regular

Subject Matter: Utility

Suggested Classification:

Suggested Group Art Unit:

CD-ROM or CD-R?: None

Number of CD disks:

Number of copies of CDs:

Sequence submission?:

Computer Readable Form (CRF)?:

Number of copies of CRF:

Title: METHODS OF ORGAN REGENERATION USING  
HOX11-EXPRESSING PLURIPOTENT CELLS  
(As Amended)

Attorney Docket Number: 00786/405003

Request of Early Publication?: No

Request of Non-Publication?: No

Suggested Drawing Figure:

Total Drawing Sheets: 11

Small Entity?: Yes

Petition Included?: No

Petition Type:

Licensed US Govt. Agency:

Contract or Grant Numbers:

Secrecy Order in Parent Appl.?: No

### **Applicant Information**

Applicant Authority Type: Inventor

Primary Citizenship Country: US

Status: Full Capacity

Given Name: Denise

Middle Name: L.

Family Name: Faustman

Name Suffix:

City of Residence: Boston

State or Province of Residence: MA

Country of Residence: US

Street of mailing address: 180 Beacon St., #11G

City of mailing address: Boston

State or Province of mailing address: MA

Country of mailing address: US

Postal or Zip Code of mailing address: 02116

### **Correspondence Information**

Correspondence Customer Number: 21559

### **Representative Information**

Representative Customer Number: 21559

**Domestic Priority Information**

Application:	Continuity Type:	Parent Application:	Parent Filing Date:
This Application	Continuation-In-Part of	10/358,664	02/05/03
10/358,664	An application claiming the benefit under 35 USC 119(e)	60/392,687	06/27/02

**Foreign Priority Information**

Country:	Application Number:	Filing Date:	Priority Claimed:
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**Assignee Information**

Assignee name:	The General Hospital Corporation
Street of mailing address:	55 Fruit St.
City of mailing address:	Boston
State of Province of mailing address:	MA
Country of mailing address:	US
Postal or Zip Code of mailing address:	02114